

December 28, 2018

Rob King
Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946

RE: Project: DIST BACT 12/26
Pace Project No.: 7074929

Dear Rob King:

Enclosed are the analytical results for sample(s) received by the laboratory on December 26, 2018. The results relate only to the samples included in this report. Results reported herein conform to the most current, applicable TNI/NELAC standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Stu Murrell
stu.murrell@pacelabs.com
(631)694-3040
Project Manager

Enclosures

cc: Warren Booth, Hampton Bays Water District
John Collins, H2M Group
Stella Michaels, Hampton Bays Water District
Paul Ponturo, H2M Group



REPORT OF LABORATORY ANALYSIS

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CERTIFICATIONS

Project: DIST BACT 12/26

Pace Project No.: 7074929

Long Island Certification IDs

575 Broad Hollow Rd, Melville, NY 11747

New York Certification #: 10478 Primary Accrediting Body

New Jersey Certification #: NY158

Pennsylvania Certification #: 68-00350

Connecticut Certification #: PH-0435

Maryland Certification #: 208

Rhode Island Certification #: LAO00340

Massachusetts Certification #: M-NY026

New Hampshire Certification #: 2987

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SAMPLE SUMMARY

Project: DIST BACT 12/26

Pace Project No.: 7074929

| Lab ID | Sample ID | Matrix | Date Collected | Date Received |
|------------|-------------------------|----------------|----------------|----------------|
| 7074929001 | 48 NORTH COLUMBINE AVE. | Drinking Water | 12/26/18 08:16 | 12/26/18 17:00 |

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SAMPLE ANALYTE COUNT

Project: DIST BACT 12/26

Pace Project No.: 7074929

| Lab ID | Sample ID | Method | Analysts | Analytes Reported |
|------------|-------------------------|---------------------|----------|-------------------|
| 7074929001 | 48 NORTH COLUMBINE AVE. | SM22 9223B Colilert | AL1 | 2 |

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ANALYTICAL RESULTS

Project: DIST BACT 12/26

Pace Project No.: 7074929

Sample: 48 NORTH COLUMBINE AVE. **Lab ID:** 7074929001 Collected: 12/26/18 08:16 Received: 12/26/18 17:00 Matrix: Drinking Water

| Parameters | Results | Units | Report Limit | Reg. Limit | DF | Prepared | Analyzed | CAS No. | Qual |
|--|---------|------------|--------------|------------|----|----------------|----------------|---------|------|
| Field Chlorine and pH | | | | | | | | | |
| Analytical Method: | | | | | | | | | |
| Field pH | 7.02 | Std. Units | | | 1 | | 12/26/18 08:16 | | N3 |
| Field Residual Chlorine | 0.55 | mg/L | | | 1 | | 12/26/18 08:16 | | N3 |
| MBIO Total Coliform DW | | | | | | | | | |
| Analytical Method: SM22 9223B Colilert Preparation Method: SM22 9223B Colilert | | | | | | | | | |
| Total Coliforms | Absent | | | | 1 | 12/26/18 19:20 | 12/27/18 13:20 | | |
| E.coli | Absent | | | | 1 | 12/26/18 19:20 | 12/27/18 13:20 | | |

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QUALITY CONTROL DATA

Project: DIST BACT 12/26

Pace Project No.: 7074929

| | | | |
|-------------------------|---------------------|-----------------------|------------------------------|
| QC Batch: | 96311 | Analysis Method: | SM22 9223B Colilert |
| QC Batch Method: | SM22 9223B Colilert | Analysis Description: | TotColDW MBIO Total Coliform |
| Associated Lab Samples: | 7074929001 | | |

METHOD BLANK: 445052 Matrix: Drinking Water

Associated Lab Samples: 7074929001

| Parameter | Units | Blank Result | Reporting Limit | Analyzed | Qualifiers |
|-----------------|-------|--------------|-----------------|----------------|------------|
| E.coli | | Absent | | 12/27/18 13:20 | |
| Total Coliforms | | Absent | | 12/27/18 13:20 | |

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

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QUALIFIERS

Project: DIST BACT 12/26
Pace Project No.: 7074929

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

TNTC - Too Numerous To Count

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

ANALYTE QUALIFIERS

N3 Accreditation is not offered by the relevant laboratory accrediting body for this parameter.

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: DIST BACT 12/26

Pace Project No.: 7074929

| Lab ID | Sample ID | QC Batch Method | QC Batch | Analytical Method | Analytical Batch |
|------------|-------------------------|---------------------|----------|---------------------|------------------|
| 7074929001 | 48 NORTH COLUMBINE AVE. | | 96228 | | |
| 7074929001 | 48 NORTH COLUMBINE AVE. | SM22 9223B Colilert | 96311 | SM22 9223B Colilert | 96369 |

REPORT OF LABORATORY ANALYSIS

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Sample Request Form

PUBLIC WATER SUPPLIER



7074929

1747

2

HAMPTON BAYS WATER DISTRICT
P.O. BOX 1013

BAYS WATER
P.O. BOX 1013

Name or Code: HAMPTON BAYS, NEW YORK 11946

Address: (631) 728-0179

Phone #:

Attn: _____

Proj. # or (Name): _____

Bill To:

Copies To:

Sample Info:

[illegible]

Remarks:



Sample Condition Upon Receipt

Client Name:

HBW

Pr

WO#: 7074929

PM: SWM Due Date: 01/25/19

CLIENT: HBW

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace ☐ Other

Tracking #:

Custody Seal on Cooler/Box Present: ☐ Yes ☐ No Seals intact: ☒ Yes ☐ No

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ Ziploc ☒ None ☐ Other

Thermometer Used: TH091

Correction Factor:

0.0

Cooler Temperature (°C):

2.4

Cooler Temperature Corrected (°C):

2.4

Temp should be above freezing to 6.0°C

USDA Regulated Soil (☐ N/A, water sample)

Date and Initials of person examining contents:

CD 12/26/18

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ YES ☐ NO

Did samples originate from a foreign source (internationally, including Hawaii and Puerto Rico)? ☐ Yes ☒ No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

| | | COMMENTS: |
|--|--|--|
| Chain of Custody Present: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 1. |
| Chain of Custody Filled Out: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 2. |
| Chain of Custody Relinquished: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 3. |
| Sampler Name & Signature on COC: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. |
| Samples Arrived within Hold Time: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 5. |
| Short Hold Time Analysis (<72hr): | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6. |
| Rush Turn Around Time Requested: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 7. |
| Sufficient Volume: (Triple volume provided for MS/MSD) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 8. |
| Correct Containers Used: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 9. |
| -Pace Containers Used: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Containers Intact: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 10. |
| Filtered volume received for Dissolved tests | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 11. Note if sediment is visible in the dissolved container. |
| Sample Labels match COC: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 12. |
| -Includes date/time/ID/Analysis Matrix SL WT OIL | | |
| All containers needing preservation have been checked | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl |
| pH paper Lot # | | Sample # |
| All containers needing preservation are found to be in compliance with EPA recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH>9 Sulfide, NaOH>12 Cyanide) Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | Initial when completed: Lot # of added preservative: Date/Time preservative added |
| Samples checked for dechlorination: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 14. Positive for Res. Chlorine? Y N |
| KI starch test strips Lot # | | |
| Residual chlorine strips Lot # | | |
| Headspace in VOA Vials (>6mm): | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 15. |
| Trip Blank Present: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | 16. |
| Trip Blank Custody Seals Present | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| Pace Trip Blank Lot # (if applicable): | | |

Client Notification/ Resolution:

Field Data Required?

Y / N

Person Contacted:

Date/Time:

Comments/ Resolution: